

Dear Senator Gerratana, Representative Ritter, and distinguished members of the Public Health Committee,

Thank you for providing language for Bill 354 which includes separate licenses for Art Therapy and Music Therapy. We would like to propose some adjustments to the language related to the licensing of Art Therapists to align the licensing requirements in the bill more closely with requirements for national certification in art therapy. I will list them in order of how they appear:

1. Page 5, line 130: remove "licensed" and replace with "certified" Art Therapist.

We are concerned, at least during the initial years following enactment of the bill, that there may be insufficient numbers of qualified art therapy supervisors who hold art therapy licenses in Connecticut to provide adequate supervision for students in both the practicum and internship phases of the Albertus Magnus College art therapy program, since many program instructors and ATCB qualified art therapy supervisors currently hold other state mental health licenses that they may choose to retain. Changing the requirement that direct supervision be provided by a certified, rather than licensed, art therapist will qualify similarly qualified professionals (as explained below), while expanding the number of eligible therapists to provide student supervision.

2. Page 5, Section line 136: Remove the word "credential" so the sentence reads: "...such applicant has earned *certification* as an art therapist from the Art Therapy Credentials Board, or any successor of said board."

While we appreciate the fact that the bill, as drafted, will allow for broader licensure of applicants who have earned a credential or certification as an art therapist, we consider certification by the ATCB to be the most appropriate standard for licensure. In addition to the education and supervised experience required for earning the ATR credential, ATCB certification requires that applicants pass a national competency examination to demonstrate proficiency in the practice of art therapy. It also imposes continuing education requirements to assure continued competency that are not required of art therapist holding the ATR credential. Licensing at the level of ATCB certification would align the Connecticut license more closely with art therapy licenses in other states and provide for greater license portability.

3. Page 6, starting line 141 section b: Remove clauses (1), (2), and (3) and insert following "October 1, 2016" the following: ", has earned, from an accredited institution

of higher education a master's or doctorate degree in art therapy or a related field, and has acquired not less than five years of experience in the practice of art therapy.”

We view this as a needed transition or grandfather provision for art therapists who have worked in the state for many years and may have held employment in schools, hospitals, or other facilities where national certification may not have been required or relevant. However, the requirement in clause (3) of attending a “continuing education program approved” by ATCB is not relevant in this context, as ATCB does not have a structured continuing education program and does not require or monitor continuing education participation for art therapists who do not hold national certification or state licensure. We also consider the requirement of eight years of prior documented experience in the practice of art therapy an excessive standard for demonstrating competent practice for practitioners who have completed training at the master’s or doctoral level. We suggest that a five-year requirement would be more appropriate.

4. Page 6, section 9: change "temporary permit" to "associate license" in all places where the term appears in the section.

Rather than a temporary permit to allow art therapy graduates to practice during a limited period prior to gaining ATCB certification, we propose that the bill provide for an associate art therapy license to apply during such time that a master’s degree graduate is performing art therapy services under supervision to obtain the hours of clinical supervised practice needed to qualify as a registered art therapist (ATR) and to take the ATCB certification examination. ATCB requirements for certification require that art therapy graduates from approved art therapy master's programs complete at least 1,000 hours of client-contact experience under supervision following receipt of their graduate degree. Master's graduates from non-approved programs must complete at least 1,500 hours of supervised practice, while graduates with master’s degrees in related mental health fields (i.e., psychology, counseling, marriage and family therapy, or social work) may require up to 2,000 client-contact hours under supervision. Even the 1,000 hours of supervised practice for AATA-approved art therapy program graduates can require two years or more to complete. Given the extended period of supervised practice required to meet ATCB credentialing requirements, we suggest that an “associate license” designation is more appropriate to describe both the level and duration of supervised practice that art therapy graduates must engage in to qualify for national certification and state licensure.

5. Page 7, section 9, line 171: change "licensed" to "Board certified" (for reasons described above).

6. Page 7, section 9, line 175: remove "shall not be renewable" and insert: "may be extended at the discretion of the commissioner."

As explained above, the length of time needed to complete the requirements for post-degree supervised clinical practice to qualify for ATCB credentialing and certification, and thus for licensure, is considerably longer than the 365 calendar days provided in the bill for a temporary license. We would suggest that the commissioner be authorized to extend an associate license for at least two additional 365-day periods or, preferably, to authorize one-year extensions of associate licenses at the discretion of the commissioner.

Thank you for this opportunity to review and suggest revisions to the language of Bill 354. I am writing in support of this Bill with the suggested changes above.

Art therapy is a specialized psychotherapeutic practice used for the mental health treatment of children, adolescents and adults who experience a variety of psychological conditions. To practice as an art therapist legally, you must obtain a Master's degree. The profession is a clinical one and vulnerable human beings are the central focus of our work. There are only 39 accredited Masters degree programs for Art Therapy in the United States. It is rigorous and conscious training that goes into developing new clinicians, preparing them for the awesome task of communicating through the visual arts. However, there are many 'helpful' people who say they are art therapists, simply because they offer art as a means to express, explore and perhaps pass the time – but often these folks can do more harm than good. Our clients and consumers need the protection of licensure of art therapists simply because the power of artistic communication is great.

Those who have not been adequately trained to foster healing via these expressions, both with attention to the medium chosen as well as the ways in which the art communications are encouraged and processed, put our consumers in precarious positions. Last year, I mentioned a "National Geographic" magazine article. On the cover was a poignant photograph of a veteran, holding a mask that he created, in art therapy at the VA, over his face. Reading the article, you can get a clear sense of the power of art therapy and the intense scope of challenges that regularly emerge when working in this field. Art Therapy is not just for children.

In recent years, much research has been done in the area of neuroscience. It takes a lot of effort for the brain to deal with trauma. Whether because of post-traumatic stress disorder or the many

adaptive behaviors that victims use instinctively in threatening situations, the traumatized brain is constantly on high-alert, particularly its lower regions, where survival instincts originate. Language is inaccessible to trauma survivors of any age. Brocas area, the section of the brain that controls language is affected, in many cases PET scans show that Brocas tends to shut down. Women I have worked with who lost their sons to gun violence in the streets in Bridgeport have reported that soon after their loss they could not speak at a time when police work required them to. The non-verbal expressive arts serve as a restorative experience for these individuals, bridging the gap towards improved verbalization and giving voice to what has no words for trauma survivors.

Simple artistic activities like drawing or sculpting clay can soothe the lower brain regions, which is why we can help trauma victims calm down and release some of that mental tension. Art Therapy as an evidence-informed therapy uses creativity to raise victims' awareness of their physical and mental states and build resilience and a sense of safety. When the lower-brain's instincts are over-activated, they can inhibit people's ability to perform higher cognitive functions until they have started healing from trauma. Researchers have found, these effects can be reversed with therapies that rebuild the brain from the ground up, like art therapy. Trauma memories are sensory memories, meaning that people feel them in their bodies and react with their bodies. Creativity can help them make that leap to full understanding and expression. The adequately trained art therapist, with knowledge of psychological theories, human development, the appropriate use of art materials, creativity and understanding of graphic indicators in the produced artwork is best equipped to safely serve the public. A Clinical Art Therapy License will ensure that the public gets that safe and effective treatment.

Respectfully Submitted,
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